

REGISTER

- Make as many copies of the registration form as necessary to register each person separately.
- If you are submitting a purchase order, please fax your registration to (860) 236-9412 prior to forwarding to your business office for payment.
- Remember to include the name, date of the training and the amount due.
- There are *no refunds for cancellations (You will be billed once you register even if you do not attend training/event)*.

Payment(s) due in full prior to training day

Make checks payable to: *The Governor's Prevention Partnership*



Mail to: TRAININGS & EVENTS
 The Governor's Prevention Partnership
 30 Jordan Lane, Wethersfield, CT 06109



Fax to: (860) 236-9412

Please submit a *separate* registration form for *each* person and *training* you would like to attend.

Name (Mr/Ms): _____ *Last 4 digits of SS# (CEUs Only): _____

School/Organization: _____ Position: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Email: _____

Are you registering as part of a team? yes no

If yes, who is the primary contact person for your team? _____

Training /Event Title: _____ Training Date: _____ Fee: \$ _____

Method of Payment: Billing contact: _____ Billing phone number () _____

Check# _____ PO# _____ MasterCard# _____ - _____ - _____ Visa# _____ - _____ - _____

Name on Credit Card: _____ Exp. Date: _____ - _____

Signature on Credit Card: _____

Question(s)?
 Call Shannon Strickland at (860) 523-8042 ext. 25